

# Work Order ID 87211

**\*87211\***

Page 1

July-11-12 10:21:41 AM

Item ID: D3898-1 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Floor Protector (206L)  
 Start Date: 7/05/12 Start Qty: 1.00 **\*1\*** Cust Item ID:  
 Required Date: 8/03/12 Req'd Qty: 1.00 **\*1\*** Customer:  
 Reference:

Approvals: Process Plan: MLJ Date: 12/07/12 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
<b>Draw Nbr</b>	<b>Revision Nbr</b>								
D3898	Rev A								
100		0.00							
<b>*100*</b>									
HandThermo	Memo	0.00							
Hand Finishing Thermoforming	1-Cut Sheet to required Blank size								<u>Wh</u> <u>12/07/24</u>
105		0.00							
<b>*105*</b>	Dry material								
HandThermo	Memo	0.00							
Hand Finishing Thermoforming	Dry Sheet as per QSI022 POLYCARBONATE								<u>Wh</u> <u>12/07/24</u>
	Temp: <u>240°F</u>								
	Time IN: <u>7:00 pm</u> <u>04/03/12</u>								
	Time OUT: <u>7:00 am</u> <u>07/07/12</u> <u>12/07/24</u>								

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

**\*87211\***

July-11-12 10:21:41 AM

**\*N900040100\***

Setup Start \*NS1\*

Stop \*NS2\*

**Start Date:** 7/05/12      **Start Qty:** 1.00      **\*1\***

**Cust Item ID:**

**Required Date:** 8/03/12      **Req'd Qty:** 1.00      **\* 1 \***

**Customer:**

**Reference:**

**Approvals:**      **Process Plan:** \_\_\_\_\_      **Date:** \_\_\_\_\_      **Tooling:** \_\_\_\_\_      **Date:** \_\_\_\_\_

Run Start \*NR1\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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110

0.00

**\*110\***

0.00

Thermoform

### Thermoforming Machine

## Memo

1-Machine Set-Up  
2-Pre-heat Tool to required temp.  
3-Thermoform as per Dwg and Folio #FTA0xxusing tool DT9501  
Dwg Rev: A  
Folio Rev: B

120

QC2- Inspect parts off machine FAI/FAIB

0.00

**\*120\***

0.00

QC

## Quality Control

## Memo

Visually inspect part for proper formation and texture

130

QC8- Inspect parts - second check

0.00

**\*130\***

0.00

QC

### Quality Control

W/O:		WORK ORDER CHANGES					
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**\*N900040100\***

Setup Start \*NS1\*

Stop \*NS2\*

**Start Date:** 7/05/12      **Start Qty:** 1.00      **\*1\***

**Cust Item ID:**

**Required Date:** 8/03/12      **Req'd Qty:** 1.00      **\* 1 \***

**Customer:**

**Reference:**

Run Start \*NR1\*

**Approvals:**      **Process Plan:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Tooling:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Stop \*NR2\*

**QC:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **SPC (Y/N):** \_\_\_\_\_ **Date:** \_\_\_\_\_

140

0.00

\*140\*

0.00

HandThermo

## Memo

### Hand Finishing Thermoforming

1-Trim to finished dimensions as per Dwg

150

0.00

**\*150\***

0.00

QC

## Memo

## Quality Control

Complete FAI document

160

0.00

**\*160\***

0.00

QC

## Memo

## Quality Control

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

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**NOTE:** Date & initial all entries

# Work Order ID 87211

**\*87211\***

Page 4

July-11-12 10:21:41 AM

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 Item Name: Floor Protector (206L)  
 Start Date: 7/05/12 Start Qty: 1.00 **\*1\*** Cust Item ID:  
 Required Date: 8/03/12 Req'd Qty: 1.00 **\*1\*** Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
170	Identify as per dwg & Stock Location: _____	0.00							
<b>*170*</b>									
Packaging	Memo	0.00							
Packaging									
180	QC21- Final Inspection - Work Order Release	0.00							
<b>*180*</b>									
QC	Memo	0.00							
Quality Control									

*Handwritten signature and date: 12/8/22*

*Handwritten signature and date: CK 12/8/29*

*Handwritten signature and date: MF 12-08-28*

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
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**NOTE:** Date & initial all entries



# Picklist Print

July-11-12 10:21:41 AM

Page 1

Work Order ID: 87211

Parent Item: D3898-1

Start Date: 7/05/12

Required Date: 8/03/12

Parent Item Name: Floor Protector (206L)

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev.A New Issue 09/02/06 DL  
10/04/21 DL

IPP RevB Add Step 105 Dry Material

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MLEXS.118-90318-08 Lexan Sheet		Purchased	No			100	sf	957.2469	10.6	11.157895			

Location

Loc Qty

Loc Code

therm

957.2469406

113127

957.246941

11.158 sq ft

DL  
12/07/27

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

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**NOTE:** Date & initial all entries

DART AEROSPACE LTD		Work Order:	87211
Description: Floor Protector		Part Number:	D3898-1
Inspection Dwg: D3898	Rev: A	Page 1 of 1	

### FIRST ARTICLE INSPECTION CHECKLIST

☒ First Article ☐ Prototype

#### THERMOFORMING SECTION

Description	Accept	Reject	Method of Inspection	Comments
Inside Radii less than <u>N/A</u> "				
Shape Definition	✓			
Texture Retention	✓			
Material imperfections such as bumps, cracks, voids, scratching	✓			

Measured by: <u>Wh</u>	Date: <u>12/07/24</u>
------------------------	-----------------------

#### TRIMMING SECTION

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
0.50	Min	0.567"	✓		Visual	
1.00	Min	1.078"	✓		Visual	
5.6	+0.2/-0.0	5.66"	✓		Visual	
0.080	Min	0.086"	✓		CAL TH-01	
0.050	Min	0.072"	✓			

Measured by: <u>Wh</u>	Date: <u>12/08/22</u>
Audited by: <u>DAC 12/08/22</u>	Date: <u></u>
Prototype Approval: <u>15 N/A</u>	Date: <u>N/A</u>

Rev	Date	Change	Revised by	Approved
A	09.09.15	New Issue	KJ	<u>Wh</u>

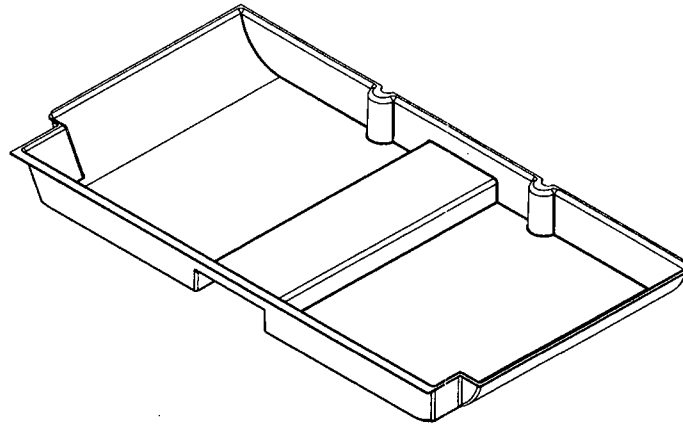
NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>						
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data <input type="checkbox"/>												
Equip/Tooling <input type="checkbox"/>												
Operator <input type="checkbox"/>												
Material <input type="checkbox"/>												
Setup <input type="checkbox"/>												
Other <input type="checkbox"/>												
Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												
<b>FAULT CATEGORY</b>												
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	



**D3898-1 FLOOR PROTECTOR (206L)**

SHOP COPY  
RETURN TO  
ENGINEERING  
UNCONTROLLED COPY  
SUBJECT TO AMENDMENT  
WITHOUT NOTICE  
WORK ORDER

NO. 87211 MCT  
12/07/12

**RELEASED**  
09/06/08 MCT

**NOTES:**

- 1) MATERIAL: LEXAN 90318 (PROTECT-A-GLAZE), 0.118 THICK, 112-CLEAR (MLEXS.118-90318-08)
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D3898-1" USING VIBRATING STYLUS
- 7) WEIGHT: 5.0 lbs
- 8) TOOLING: THERMOFORM PER MOLD DT9501 PER DART QSI 022. TRIM PER MOLD
- 9) MINIMUM THICKNESS: 0.050" EXCEPT AS SHOWN

A		NEW ISSUE		PH	09.02.27
REV.		DESCRIPTION		BY	DATE
DESIGN		DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA			
DRAWN					
CHECKED		DRAWING NO. D3898			REV. A
MFG. APPR.					SHEET 1 OF 2
APPROVED		TITLE FLOOR PROTECTOR (206L)			SCALE
DE APPR.					NTS
DATE	09.02.27	COPYRIGHT © 2008 BY DART AEROSPACE LTD		THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	

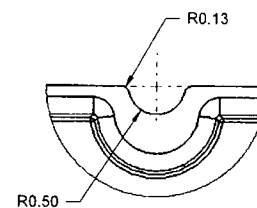
NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

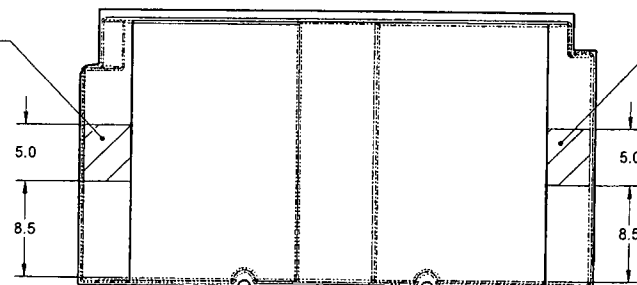
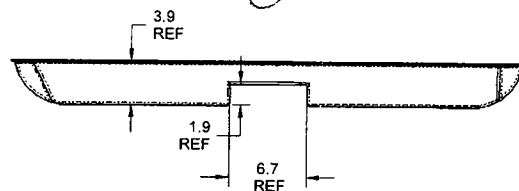
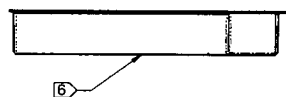
DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>						
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**DETAIL B** D5-2  
SCALE 5X  
2 PL



MIN THICKNESS  
— 0.080  
(SHADED REGION)

RELEASED  
09/06/08 JWB

DESIGN	PH	<b>DART AEROSPACE LTD</b>	
DRAWN	PH	HAWKESBURY, ONTARIO, CANADA	
CHECKED		DRAWING NO.	REV. A
MFG. APPR.		D3898	SHEET 2 OF 2
APPROVED		TITLE	SCALE
DE APPR.		<b>FLOOR PROTECTOR (206L)</b>	
DATE	09.02.27	NTS	

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NCR: Yes / No

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